

## STATE OF NEW HAMPSHIRE BOARD OF PSYCHOLOGISTS

121 South Fruit Street ♦ Concord, NH 03301 ♦ 603.271.6762 ♦ Fax: 603.271.6702 ♦ [www.oplc.nh.gov/psychology](http://www.oplc.nh.gov/psychology)

The State of New Hampshire Board of Psychologists is partnering with the Association of State and Provincial Psychology Boards to create a Universal Application. This application will be retained in the ASPPB databank for future use as applicants wish to become licensed in other states or provinces. Once this form and application fee has been received by OSBEP, the applicant's information will be provided to ASPPB for further processing. ASPPB will contact the applicant to obtain additional application information.

### Identifying Information (Type or print clearly)

Full Name (first, middle, last) \_\_\_\_\_ Doctoral Degree \_\_\_\_\_

Area \_\_\_\_\_ Date Conferred \_\_\_\_\_ University \_\_\_\_\_

Was your Doctoral Program APA accredited at the time your degree was conferred? Y \_\_\_\_\_ N \_\_\_\_\_

Master's Degree \_\_\_\_\_ Date Conferred \_\_\_\_\_ University \_\_\_\_\_

Name as it will appear on license \_\_\_\_\_

Previous names or aliases \_\_\_\_\_

SSN \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Preferred Mailing/Contact Address: Bus. \_\_\_\_\_ Home \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Do you hold any other licenses? \_\_\_\_\_ In which jurisdiction(s)? \_\_\_\_\_

Checks or money order in the amount of \$300.00, made out to the TREASURER, STATE OF NEW HAMPSHIRE, must be enclosed with this application. If your application for licensure is approved you will be issued a license valid for two years.

(Attach Here)

Attach a recent, individual 2"x2" individual photograph in this space:

---

ALL OF THE ABOVE STATEMENTS, AND ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT THE PROVISION OF FALSE INFORMATION IN THE APPLICATION IS A BASIS FOR DENIAL OF THE APPLICATION AND DISCIPLINARY ACTION BY THE BOARD.

I SHALL NOTIFY THE BOARD IN WRITING WITHIN 30 DAYS OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS APPLICATION, EVEN AFTER THE APPLICATION IS GRANTED, AND I CONSENT TO THE BOARD'S USE OF THE MAILING ADDRESS PROVIDED IN THE APPLICATION FOR ALL PURPOSES UNDER RSA 329-B-A AND MHP 100-500.

I, \_\_\_\_\_, HEREWITH APPLY FOR LICENSURE AS A/AN \_\_\_\_\_ IN ACCORDANCE WITH RSA 329-B-A AND MHP 100-500 OF THE NEW HAMPSHIRE BOARD OF PSYCHOLOGISTS, AND HEREBY CERTIFY THAT I AM THE APPLICANT IDENTIFIED IN THIS APPLICATION AND THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THE ENCLOSED PHOTOGRAPH IS A TRUE LIKENESS OF MYSELF.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date